

MIDDLESEX COUNTY DEPARTMENT OF PUBLIC SAFETY AND HEALTH
OFFICE OF CONSUMER AFFAIRS AND WEIGHTS AND MEASURES
711 JERSEY AVENUE, NEW BRUNSWICK, NJ 08901
PHONE: 732-745-3875 FAX: 732-745-3815
Email: consumer@co.middlesex.nj.us



WILLIAM DEINZER, DIRECTOR

Dawn D. Brown, Assistant Director

Please be advised that any information you supply on this complaint may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after completion of the investigation. You are also advised that the complete complaint is a "government record", which the office may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

DATE: _____ NAME OF COMPANY: _____

TELEPHONE # OF COMPANY: _____ STREET ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

DID YOU SIGN A CONTRACT?: _____ WHERE?: _____ COST: _____

NAME OF OWNER: _____ PERMIT ACQUIRED IF APPLICABLE: YES / NO

IF ADVERTISED, WHERE AND WHEN?: _____ (ATTACH COPY OF AD)

DID YOU COMPLAIN TO THE COMPANY?: _____ TO WHOM: _____ WHEN: _____

WHO REFERRED YOU TO THIS OFFICE?: _____

UNDER THE NEW JERSEY CONSUMER FRAUD ACT, VIOLATIONS AGAINST SENIOR CITIZENS CARRY ENHANCED PENALTIES.
ARE YOU A SENIOR CITIZEN (60 OR OLDER)? YES NO

• PLEASE INCLUDE PHOTOCOPIES OF ALL CORRESPONDENCE, DOCUMENTS, CANCELLED CHECKS AND COPIES OF CONTRACT •

PLEASE PRINT YOUR COMPLAINT BELOW (use reverse side if necessary)

SETTLEMENT AMOUNT OR OTHER RESOLUTION REQUESTED: _____

YOUR NAME (print): _____ DAYTIME PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize Middlesex County Consumer Affairs to send this complaint form to the company or to interested parties to use the information in any way that is necessary.

SIGNATURE: _____